U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

y				
1. File Number U - 1/1385	2. Fiscal Year Covered From:			
,	1/3/04 Through: 12/39/04			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name DON M CCARK	Name District 53 Coac 9/			
	Labor Organization File Number 009 396			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 736 MAIN ST.	Street 90% NARFOOTST.			
City WHq .	City WAG			
State WU. ZIP Code +4 25003	State 400. ZIP Code + 4 7600 ?			
5. Position in labor organization. RECECTOR				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
Older .				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Signed	On 2/26/0.5 (304) 223-0464 Date Telephone Number			

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any). Name	9. Business deals with:			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	According to the second			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E S POCTO S CAREFUL			
OLMS O			
1. File Number U	2. Fiscal Year Covered From:		
>	1 / 1 / 0 4 Through: [2 / 3] / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name James B MID cap	Name PAINTERS Local 91		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street RR2 Box 126	Street 901 MArket ST		
City Proctor	city Wheeling		
State W.V. ZIP Code + 4 2 6 6 5 5	State . ZIP Code + 4 26003		
5. Position in labor organization. President Local 91			
•			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed James B. mideap	On 9-10-05 304-945-4-036 Date Telephone Number		

Name of Person Filing ~	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	· ····· · · · · · · · · · · · · · · ·			